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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Tang, Karen C.

Firm: U.S. Patent and Trademark Office
Art Unit 2151

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 20, 2005

Re: FLH Ref No.: 450100-03146
Serial No: 09/824,367

Number of Pages: 11
(including cover page)

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00290894

PATENT
450100-03146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Koji Obata, et al.
 Serial No. : 09/824,367
 Filed : April 2, 2001
 For : DATA MULTIPLEXER, DATA MULTIPLEXING METHOD, AND RECORDING MEDIUM
 Examiner : Tang, Karen C.
 Art Unit : 2151

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

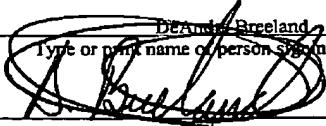
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	11	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid , or is paid herewith .
- This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.
- Charge \$_____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

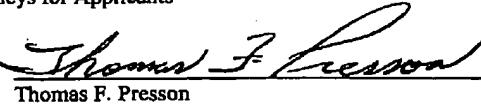
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Deanne Breeland
 Type or print name of person signing certification

 Signature
 June 20, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 
 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

00250096

PATENT
450100-03146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants : Koji Obata, et al.

JUN 20 2005

Serial No. : **09/824,367**

Filed : April 2, 2001

For : DATA MULTIPLEXER, DATA MULTIPLEXING METHOD, AND RECORDING MEDIUM

Examiner : Tang, Karen C.

Art Unit : 2151

Confirmation No: 7171

745 Fifth Avenue
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DeAndre Breeland
Type or print name of person signing classification

Signature

DeAndre Breeland

AMENDMENT UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action dated April 21, 2005, having a three-month statutory period for response set to expire on July 21, 2005, please amend the above-identified application as follows.

00247509

PATENT
450100-03146

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.

00247509